

08 C 86

**JUDGE KENNELLY
MAGISTRATE JUDGE BRO**

EXHIBIT A

Part 11 of 14

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/13/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

0001

Description of Property

CONTENTS

Loss Payee (Name and Address)

NEWCOURT TECHNOLOGIES CORP 2ND FL
PO BOX 2017
BLOOMFIELD HILL, MI 48303-2017

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/13/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0001

SOFTWARE

COMPACT FINANCIAL SERVICES
INSURANCE ADMINISTRATOR
420 MOUNTAIN AVE
P.O. BOX 6
MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/13/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule**Premises****Number****Description of Property****Loss Payee (Name and Address)**

0001

LEASED COMPUTER HARDWARE/SOFTWARE LEASE
#36&37 VALUE AT 75,000.00.CIT
4600 TOUCHTON RD EAST
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

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Policy Number: BK01116165

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Change(s) Effective: 05/13/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0002	SOFTWARE	COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVENUE P.O. BOX 6 MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

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Change(s) Effective: 05/13/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0002

LEASED COMPUTER HARDWARE/SOFTWARE LEASE
#36&37 VALUE AT 75,000.00

CIT
4600 TOUCHTON RD EAST
BLDG 100, SUITE 300
JACKSONVILLE, FL 32246

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Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

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Premises

Number

Description of Property

0005

SOFTWARE

Loss Payee (Name and Address)

COMPAQ FINANCIAL SERVICES
INSURANCE ADMINISTRATOR
420 MOUNTAIN AVENUE
P.O. BOX 6
MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0005	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0007	LEASED COMPUTER EQUIPMENT	ARLINGTON CAPITAL BOX 7023 305 W BEAVER SUITE 400 TROY, MI 48007-7023

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
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The St. Paul Business Foundation Series

Change Endorsement



United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
2	05/13/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

- * The Umbrella Coverage Part is Amended
 - * An Underlying Policy on the Umbrella Declarations is Amended
- | Form | Description |
|-------------------|--|
| CL/BF 00 45 03 95 | Change Endorsement |
| CL/IL 191 02 93 | Commercial Umbrella Liability Coverage Part Declarations |

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

Page 1 of 1

Commercial Umbrella Liability Coverage Part**Declarations**

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 05/13/2002

Policy Number: BK01116165

Reason For Issuance: Endorsement Number: 2

Limits Of Insurance:

\$ 5,000,000	General Aggregate Limit
\$ 5,000,000	Products-Completed Aggregate Limit
\$ 5,000,000	Each Incident Limit

Form Of Business:

☐ Individual ☐ Partnership ☒ Corporation ☐ Other:

Schedule of Underlying Insurance:**Automobile Liability****Policy Number/Policy Period**

BA01116172
05/01/2002 to
05/01/2003

Insurer

United States Fidelity and Guaranty Company

Limits Of Insurance

\$1,000,000 Each Accident

Commercial General Liability**Policy Number/Policy Period**

BK01116165
05/01/2002 to
05/01/2003

Insurer

United States Fidelity and Guaranty Company

Limits Of Insurance

\$1,000,000 Each Occurrence
\$1,000,000 Personal and Advertising Injury
\$2,000,000 General Aggregate
\$2,000,000 Products - Compl. Ops. Aggregate

Employers Liability**Policy Number/Policy Period**

WVA2418844
05/01/2002 to
05/01/2003

Insurer

St. Paul Mercury Insurance Company

Limits Of Insurance

Bodily Injury By Accident
\$1,000,000 Each Accident
Bodily Injury By Disease
\$1,000,000 Policy Limit
\$1,000,000 Each Employee

Premium Schedule:

Premium Basis	Estimated Exposure	Rate Per	Estimated Premium	Minimum Premium
N/A	N/A	\$999.99 N/A	N/A	N/A

Total Advance Premium For This Coverage Part: \$2,450.00

Audit Period: ☒ None ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly

Commercial Umbrella Liability Coverage Part

Declarations

Change(s) Effective: 05/13/2002

Forms And Endorsements Applicable To This Coverage Part:

See attached Schedule of Forms and Endorsements, CL/BF 00 35.

The St. Paul Business Foundation Series

Change Endorsement



United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
3	05/16/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

* Additional Interest: Loss Payee is Added to Premises Number 1
Form Description
CL/BF 00 45 03 95 Change Endorsement
CL/BF 00 40 04 97 Schedule of Premises
CL/BF 10 05 09 99 Property Coverage Part Declarations
CL/BF 11 65 06 98 Loss Payable Provisions

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

The St. Paul Business Foundation Series



Schedule Of Premises

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 05/16/2002

Policy Number:	Reason For Issuance:
BK01116165	Endorsement Number: 3

Description of Premises:

Premises Number	Location/ Occupancy	Construction
0001	224 S MICHIGAN AVE STE #1400 CHICAGO IL 60604	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0002	21 DUPONT CIRCLE NW WASHINGTON DC 20045	Masonry Non-Combustible
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0003	1722 HENDRICKS AVE JACKSONVILLE FL 32207	Masonry Non-Combustible
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0004	801 BRICKELL AVE STE #900 MIAMI FL 33131	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0005	1030 N ORANGE STE #200 ORLANDO FL 32801	Fire Resistive
Customer Reference:01		
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0006	2200 WILSON BLVD SUITE 850 ARLINGTON VA 22201	Masonry Non-Combustible
Customer Reference:01		

The St. Paul Business Foundation Series

Schedule Of Premises

Change(s) Effective: 05/16/2002

Premises Number	Location/ Occupancy	Construction
	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	
0007	259 EAST ERIE STREET CHICAGO IL 60611	Frame
Customer Reference: 01	BLDG: Primary Class: (Not Covered) Secondary Class: (Not Covered)	
	BPP: Primary Class: 871205-Architects, Engineers, and Draftsmen Secondary Class: (Not Covered)	

The St. Paul Business Foundation Series



Property Coverage Part Declarations

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

Change(s) Effective: 05/16/2002

Policy Number:	Reason For Issuance:
BK01116165	Endorsement Number: 3

Limits of Insurance:

\$ 25,000	Depositor's Forgery
\$ 200,000	Employee Dishonesty
	Name of Plans:
\$ 25,000	Fine Arts
\$ 40,000	Property Off Premises
	Money and Securities:
\$ 10,000	Inside the Premises
\$ 5,000	Outside the Premises
\$ 1,565,000	Valuable Records

Deductible: \$500

(The Deductible does not apply to coverage for Accounts Receivable, "Business Income," Extended Business Income, "Extra Expense," Action By Civil Authority and "Expediting Expense," Counterfeit Currency and Money Orders, and Fire Department Service Charge.)

If Building Coverage exists, Property Value Guard Automatic Increase: 4% - IL

If Business Personal Property Coverage exists, Property Value Guard Automatic Increase: 3% - IL

Business Income and Extra Expense Covered Time Period: 12 Months

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
0001	Not Covered	Not Covered	\$ 2,262,872	Repl. Cost

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 05/16/2002

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance			
				\$ 425,000
	Debris Removal Additional Limit of Insurance			
				\$ 15,000
	Demolition Cost and Increased Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
				\$ 3,000
	Seasonal Automatic Increase In Business Personal Property			
				25%
	Sewer or Drain Backup			
				\$ 25,000
	Mortgagee:			
0002	Not Covered	Not Covered	\$ 137,367	Repl. Cost
	Accounts Receivable Limit of Insurance			
				\$ 35,000
	Debris Removal Additional Limit of Insurance			
				\$ 15,000
	Demolition Cost and Increased Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
				\$ 3,000
	Seasonal Automatic Increase In Business Personal Property			
				25%
	Sewer or Drain Backup			
				\$ 25,000
	Mortgagee:			
0003	Not Covered	Not Covered	\$ 51,500	Repl. Cost
	Accounts Receivable Limit of Insurance			
				\$ 35,000
	Debris Removal Additional Limit of Insurance			
				\$ 15,000
	Demolition Cost and Increased Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			
				\$ 3,000
	Seasonal Automatic Increase In Business Personal Property			
				25%
	Sewer or Drain Backup			
				\$ 25,000
	Mortgagee:			
0004	Not Covered	Not Covered	\$ 51,809	Repl. Cost

The St. Paul Business Foundation Series

Property Coverage Part Declarations



Change(s) Effective: 05/16/2002

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance Debris Removal Additional Limit of Insurance Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: Seasonal Automatic Increase In Business Personal Property Sewer or Drain Backup Mortgagee:			
				\$ 35,000 \$ 15,000 \$ 3,000 25% \$ 25,000
0005	Not Covered	Not Covered	\$ 1,068,151	Repl. Cost
	Accounts Receivable Limit of Insurance Debris Removal Additional Limit of Insurance Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: Seasonal Automatic Increase In Business Personal Property Sewer or Drain Backup Mortgagee:			
				\$ 200,000 \$ 15,000 \$ 3,000 25% \$ 25,000
0006	Not Covered	Not Covered	\$ 128,750	Repl. Cost
	Accounts Receivable Limit of Insurance Debris Removal Additional Limit of Insurance Demolition Cost and Increased Cost of Construction Outdoor Trees, Shrubs, Plants and Lawns: Seasonal Automatic Increase In Business Personal Property Sewer or Drain Backup Mortgagee:			
				\$ 35,000 \$ 15,000 \$ 3,000 25% \$ 25,000
0007	Not Covered	Not Covered	\$ 5,000	Repl. Cost

The St. Paul Business Foundation Series

Property Coverage Part Declarations

Change(s) Effective: 05/16/2002

Premises Number	Building Limit of Insurance	Building Valuation	Business Personal Property Limit of Insurance	Business Personal Property Valuation
	Accounts Receivable Limit of Insurance			\$ 25,000
	Debris Removal Additional Limit of Insurance			\$ 15,000
	Demolition Cost and Increased Cost of Construction			
	Outdoor Trees, Shrubs, Plants and Lawns:			\$ 3,000
	Seasonal Automatic Increase in Business Personal Property			25%
	Sewer or Drain Backup			\$ 25,000
	Mortgagee:			

Forms and Endorsements Applicable to This Coverage Part:

See attached Schedule of Forms and Endorsements CL/BF 00 35.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

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This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0001

CONTENTS

Loss Payee (Name and Address)

LASALLE NATIONAL BANK
120 S LASALLE
CHICAGO, IL 60603

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

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PROPERTY COVERAGE PART.

Schedule

**Premises
Number**

Description of Property

Loss Payee (Name and Address)

0001

CONTRACT #001-00897482-001(CANON COLOR C
OPIER)

CANON FINANCIAL SERVICES, INC.
15325 SOUTHEAST 30TH PLACE STE #100
BELLVIEW, WA 98007

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

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PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	LEASE #001-07107-01 & 327929001	GE CAPITAL COLONIAL PACIFIC LEASING PO BOX 23185 PORTLAND, OR 97281-3185

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

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Number

Description of Property

0001

CONTENTS

Loss Payee (Name and Address)

NEWCOURT TECHNOLOGIES CORP 2ND FL
PO BOX 2017
BLOOMFIELD HILL, MI 48303-2017

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

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PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	SOFTWARE	COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVE P.O. BOX 6 MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

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PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BUILDING 100; SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

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Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

**Premises
Number**

0001

Description of Property

HARDWARE LEASE 9010004763000 VALUE\$50,000
LOCATED 85% IN CHICAGO 15% IN ORLANDO.
SOFTWARE LEASE 9010004764000 VALUE AT
\$25,000 LOCATED 70% CHICAGO 30% WASHINGT
ON,DC.

Loss Payee (Name and Address)

CIT TECHNOLOGY FINANCING SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0002

SOFTWARE

Loss Payee (Name and Address)

COMPAQ FINANCIAL SERVICES
INSURANCE ADMINISTRATOR
420 MOUNTAIN AVENUE
P.O. BOX 6
MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0002	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0005	SOFTWARE	COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVENUE P.O. BOX 6 MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0005	LEASED COMPUTER HARDWARE/SOFTWARE LEASE #36&37 VALUE AT 75,000.00	CIT 4600 TOUCHTON RD EAST BLDG 100, SUITE 300 JACKSONVILLE, FL 32246

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 05/16/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0007	LEASED COMPUTER EQUIPMENT	ARLINGTON CAPITAL BOX 7023 305 W BEAVER SUITE 400 TROY, MI 48007-7023

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

The St. Paul Business Foundation Series



Change Endorsement

United States Fidelity and Guaranty Company
5801 Smith Avenue
Baltimore, Maryland 21209

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Change Number:	Change(s) Effective:	Policy Number:	Policy Expiration:
4	07/30/2002	BK01116165	05/01/2003

Named Insured

VOA ASSOCIATES INCORPORATED
VOA & OWP&P DESIGN COLLABORATIVE FOR NORTHWESTERN
MEMORIAL HOSPITAL
224 S MICHIGAN AVE STE #1400
CHICAGO, IL 60604

Your Agent

AVA INSURANCE AGENCY
125 N MARTINGALE RD STE 1100
SCHAUMBURG, IL 60173

Agent Code: 120853

Client Number: 0001614656

Change(s)

* Additional Interest: Loss Payee for Premises Number 1 is Amended to read:

CIT
4600 TOUCHTON RD EAST
BUILDING 100, SUITE 300
JACKSONVILLE, FL 32246

* Additional Interest: Loss Payee for Premises Number 1 is Amended to read:

CIT TECHNOLOGY FINANCIAL SERVICES, INC.
PO BOX 3547
BELLEVUE, WA 98009

Form	Description
CL/BF 00 45 03 95	Change Endorsement
CL/BF 11 65 06 98	Loss Payable Provisions

Additional Premium: WAIVED

Date Issued: 05/04/2005

Authorized Representative

INSURED
CL/BF 00 45 03 95
Print Date: 05/04/2005

Direct Bill Number
4400031464
Prepaid

Page 1 of 1

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	CONTENTS	LASALLE NATIONAL BANK 120 S LASALLE CHICAGO, IL 60603

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

Loss Payee (Name and Address)

0001

CONTRACT #001-00897482-001(CANON COLOR C
OPIER)

CANON FINANCIAL SERVICES, INC.
15325 SOUTHEAST 30TH PLACE STE #100
BELLVIEW, WA 98007

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear:

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0001

LEASE #001-07107-01 & 327929001

Loss Payee (Name and Address)

GE CAPITAL COLONIAL PACIFIC LEASING
PO BOX 23185
PORTLAND, OR 97281-3185

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises

Number

Description of Property

0001

CONTENTS

Loss Payee (Name and Address)

NEWCOURT TECHNOLOGIES CORP 2ND FL
PO BOX 2017
BLOOMFIELD HILL, MI 48303-2017

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- a. Adjust losses with you; and
- b. Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.

Policy Number: BK01116165

Loss Payable Provisions

Change(s) Effective: 07/30/2002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE PART.

Schedule

Premises Number	Description of Property	Loss Payee (Name and Address)
0001	SOFTWARE	COMPAQ FINANCIAL SERVICES INSURANCE ADMINISTRATOR 420 MOUNTAIN AVE P.O. BOX 6 MURRAY HILL, NJ 07974-0006

1. The following is added to SECTION IV. A. 5. Loss Payment:

Loss Payable.

For Covered Property in which both you and a Loss Payee shown in the Schedule have an insurable interest, we will:

- Adjust losses with you; and
- Pay any claim for loss jointly to you and the Loss Payee, as interests may appear.

2. The following is added to SECTION IV. B. 5. Other Insurance:

For Covered Property that is the subject of a contract of sale, the word "you" includes the "Loss Payee."

3. The following is added to SECTION V. Definitions:

"Loss Payee" includes a person or organization you have entered a contract with for the sale of Covered Property.